

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: The Plaza at Pearl City | CHAPTER 90 |
| Address: 1048 Kuala Street, Pearl City, Hawaii 96813 | Inspection Date: September 24 & 25, 2019 Annual |

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

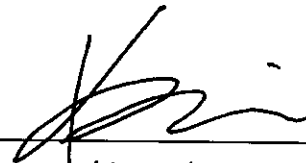
| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|---|---|
| <input checked="" type="checkbox"/> | <p>§11-90-8 <u>Range of services</u>. (a)(1) Service plan.</p> <p>The assisted living facility staff shall conduct a comprehensive assessment of each resident's needs, plan and implement responsive services, maintain and update resident records as needed, and periodically evaluate results of the plan. The plan shall reflect the assessed needs of the resident and resident choices, including resident's level of involvement; support principles of dignity, privacy, choice, individuality, independence, and home-like environment; and shall include significant others who participate in the delivery of services;</p> <p><u>FINDINGS</u> Resident #2- Nursing assessment completed on 7/20/19 shows that resident's toileting needs has changed from minimal assistance to incontinent and needed staff intervention. However, the service plan intervention(s) was not updated to address the change in toileting needs.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1. The Administrator reviewed and updated the full Service Plan to match care needs of identified Resident #2.</p> <p>2. The Administrator identified the licensed nurse who completed the nursing assessment and failed to update service plan interventions. This individual is no longer with the company; therefore, retraining with the specific nurse was not possible.</p> <p>3. The Administrator completed an audit of all Resident toileting needs requiring staff intervention. All Service Plans were accurate with appropriate interventions relating to toileting needs.</p> <p>4. The Assistant Director of Nursing reviewed the Service Plan of identified Resident #2 and confirmed it is comprehensive and complete.</p> <p>5. A mandatory Resident Care Assistant meeting was conducted to reinforce the need to report any discrepancies between Resident toileting needs and Service Plans.</p> <p>6. A mandatory Charge Nurse meeting was conducted to reinforce the need of updating Service Plans to match Resident care needs.</p> | <p>09/26/2019</p> <p>09/26/2019</p> <p>09/26/2019</p> <p>09/27/2019</p> <p>09/27/2019</p> <p>09/30/2019</p> |

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____


KEVIN WU

10/03/2019